## Team IFSP Decisions:

*Deciding What, Who, and How Often*

How do we currently decide what outcomes to target?

How do we decide who visits and how often to go?

What are team members' roles in that process?

How do service coordinators fit into that decision making process?

## Evidence-Based Practice

- Effort and positive intentions do not necessarily equal positive outcomes
- Know the interdisciplinary research literature!
  - Journal of Early Intervention
  - Young Exceptional Children
  - Infants and Young Children
  - Topics in Early Childhood Special Education
  - Zero to Three
  - Professional Conferences

## Goals of Early Intervention

- Enable children to achieve optimal function and interaction within their home and community
- Support families who have children with delays or disabilities in a variety of ways
  - Emotional
  - Material
  - Informational

## Family-Centered Practices

- Family is the constant
- Parent-professional collaboration
- Information shared in unbiased, supportive manner
- Supporting family, not professional goals
- Individuality of families recognized
- Intervention is responsive and flexible to family needs
- Encouraging parent-to-parent support
- Respect for cultural differences

Brown, Thurman, & Pearl, 1998

## Adult Learning Theory

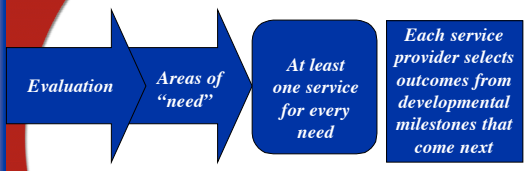
Adults' learning is self-directed.

Adults learn when they perceive a need to know.

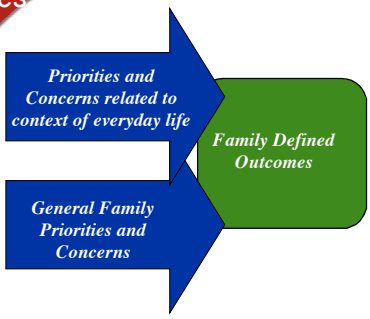
Adults learn in order to complete a task.

(Malcomb Knowles, 1984)

## Old Ways for Selecting Outcomes




## Newer Ways for Selecting Outcomes




## More is better?

- *Is more better?*
- *When might more visits/people be better?*
- *Could more visits be harmful?*
- *Could more members on the team be harmful?*

As Mary drove away from her home visit with Alex, she couldn't get Mrs. Clanton's words out of her mind. Normally Mrs. Clanton was so attentive to what Mary was doing with her 2-year-old, Alex, but the family was having a stressful week. Alex in addition to seeing Mary, the developmental interventionist, sees a speech therapist, physical therapist, occupational therapist, neurologist, gastroenterologist, and an ophthalmologist. He was seeing six of these people this week. Mrs. Clanton was overwhelmed by appointments and information. During the visit she began to cry and said

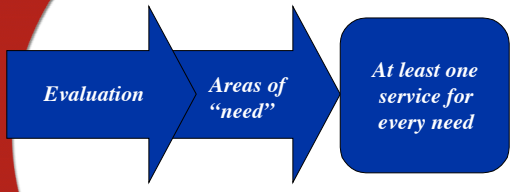
> I feel like a secretary and a taxi. My life is consumed with Alex's appointments. The days early intervention comes to me are much better because at least I don't have to go to an office and wait for hours, but it still isn't a normal life. In the past month there were only 3 days that we didn't have an appointment with someone for Alex. I know Alex has a lot of needs, but I need for us to just be a family sometimes.

The words echoed in Mary's head as she drove. She had been so thankful that Alex lived in an area where there was no shortage of therapists so he could get plenty of services. Now she began to wonder how much good came from all of the team members' visiting each week. She began to see that though they had the best of intentions, they may be causing harm. But how could fewer people visit—and visit less often? Alex has a disability that affects him significantly in multiple developmental areas.

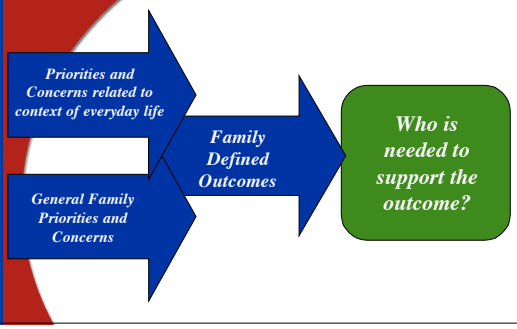
## Dunst (1999)

- Studied the relationship among many variables including parenting support, child progress number of services, frequency of child contact, and family-centered practices with 575 families.
- Parenting supports positively accounted for 52% of change in child progress.
- SES negatively accounted for 13% of variance in parenting supports.
- Frequency of child contact negatively accounted for 15% of variance in parenting supports.
- The only variables positively associated with parenting supports were family-centered practices and personal control.

## Old ways of deciding who …



## Newer ways of deciding who …




## New ways of deciding who …

*Who is needed to support the outcome?*

- **Outcomes are decided first!**
- **All early intervention professionals should have a core knowledge of general child development**
- **Oftentimes, several people are "qualified" to support a single outcome.**
- **Generalists are NOT cognitive/social-emotional specialists**
- **That doesn't mean that multiple people are needed to support a single outcome.**
- **When deciding whether additional people are needed, ask "What support, essential to meeting the outcome, will that person add?"**

## Old Ways of deciding frequency.

- ***How severe is the disability?***
  (more severe = more visits)
- ***Will this family follow through?***
  (if we don't think so, we should go more)

## Services in natural environments

- Service providers will focus on family defined priorities rather than test results alone.
  Cripe and Venn, 1997
- One primary service provider sees the family frequently, with infrequent visits from other providers.
  Kochanek and Buka, 1998
- Early intervention professionals will work more with families than with children.
  McWilliam, 2000

## Why Informational More than Direct?

- Hands-on services impedes opportunities for families to learn and practice new interventions. (Hanft & Pilkington, 2000)
- Facilitates the generalization of skills. (Keilty, 2001)
- Less intrusive to families.
- All of the intervention occurs between visits. (McWilliam, 1998)
- Families are more likely to follow through (Bernheimer & Keogh, 1995)
- Families are empowered!

## Peck, Killen, & Baumgart (1989)

- Examined effects of special education teachers' consulting with preschool teachers.
- Preschool teachers demonstrated the ability to implement new teaching skills.
- Development of the children was shown to change.

## *Dunn (1990)*

- Compared direct, hands-on occupational therapy to consultative therapy
- Pre-K and Kindergarten children were randomly assigned.
- Children who received only consultative therapy achieved as well as those who received direct therapy.

## *McWilliam (1995, 2004)*

- Child progress is a distal outcome
- Family Support is the proximal outcome
- Found that consultative services were effective in changing child development
- Results associated with pull-out therapy were as effective as what would have been expected if no services had been provided at all.

## *So never use my hands?*

- Hands on still has a place, even when consultation is part of our continuum
- 3 reasons to be "hands on"
  - Assessment
  - Modeling
  - Demonstrate affection

## *Deciding Frequency*

- Individual!
- ***How often will the intervention strategies related to an outcome likely need to be changed?***
- ***How frequently do we need to go in the beginning to build a family's capacity to use a particular strategy?***
- Primary service provider should know enough about all developmental needs of child they serve to recognize need for additional supports.

## *Team Configuration*

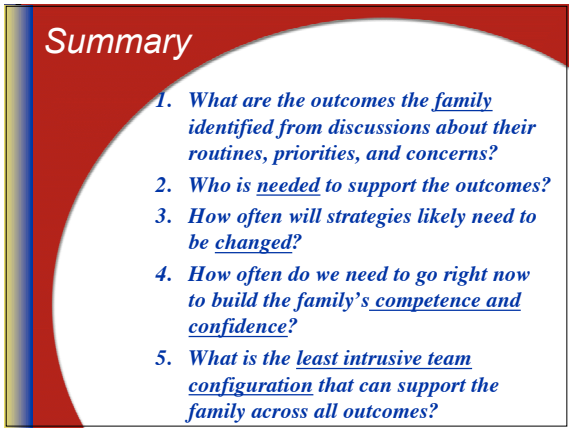
***What is the least intrusive team configuration that can support the family across all outcomes?***

## *Recap*

***Outcomes, chosen by the family, are decided before decisions on who goes and how often***

***It's about team configuration that makes sense, not just dividing up units***

***Deciding who is needed to support each outcome is more meaningful than "Does this child need___ service?"***


Summary
1. What are the outcomes the family identified from discussions about their routines, priorities, and concerns?
2. Who is needed to support the outcomes?
3. How often will strategies likely need to be changed?
4. How often do we need to go right now to build the family's competence and confidence?
5. What is the least intrusive team configuration that can support the family across all outcomes?